WPV needs OSHA Standard



In 2013, Congressman Joe Courtney requested the U.S. Government Accountability Office (GAO) study workplace violence in workplace settings. A new report from the GAO reveals that violence is a daily and growing threat for America's 15 million healthcare workers. On March 17, 2016 union members from Connecticut and around the nation, joined other caregivers and elected leaders for the formal release of the congressional watchdog's comprehensive study. Among its findings are escalating rates and severity of workplace violence in hospitals and healthcare facilities across the nation.

Pictured with Joe Courtney and other officials as she gave testimony, is our own Helene Andrews from 6/7 West, who is a workplace violence victim. Helene was invited by AFT to participate in the GAO press conference. Andrews was quoted as saying, "preventing workplace violence

should be given the highest priority". Union leadership is pleased that the study was done and the GAO confirmed our research data, including Unit 47 study of our membership in 2010. However, the report came up short of requesting OSHA to develop a standard for workplace violence.

AFT members met with Jordan Barab, Deputy Assistant Secretary of Labor from Occupational Safety and Health Administration (OSHA), during the AFT Nurses and Health Professionals PIC Lobby Day. Mary

Consoli, President of Unit 47, made a presentation for a standard. Any guidelines issued are only recommendations and not enforceable. Data from the 2010 Citation was entered into the minutes regarding the disregarding of OSHA recommendation for a single floor unit for the In Patient Psychiatric Unit at DH. Helene Andrews gave her personal testimony as a workplace violence victim. Many other AFT members in attendance stressed the urgency of the creation of a national standard and echoed that the guidelines are not enforceable.



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COMMITTEE REPORTS



CLINICS CLOSED

April 1, 2016 was the last day of work for the nurses' at the Seifert and Ford Clinics on Main Street. It was a very sad day for all impacted. One RN accepted a position at the Ridgefield Surgical Center. There are three nurses and two APRNs who accepted positions offered with the CIFC, who took over operation of the clinics on Main Street April 4, 2016. The nurses who stayed to the end of the transition were paid a nine week bonus, have medical insurance through WCHN for the month of April and have two years of recall rights. Unit 47 is available to these nurses for any help we can give.

SINGLE FLOOR STATUS OF 6/7 WEST

S. Adams gave an update on changing 6/7 West to single floor unit and it was not encouraging. The change remains a priority for Adams but there are many challenges. All agree that the set up now is not ideal and alternatives are being considered. M. Consoli stated the best plan would have been to design a place when they were planning the Buck Pavilion and move of the Emergency Department. This was a recommendation from OSHA in the citation issued in 2010.

SAFETY CONCERN FOR L&D

Nurses in L&D brought forward a safety concern for using a delivery room without a call light system. The room was blocked for non-use until the problem was solved but there were occasions the census demanded the use of the room. Unit47 Unsafe Staffing Forms were presented. The staffing was critical, there was a very high census, and the Assistant Nurse Manager did not come to floor when called. Her reply was that she was in meetings and would come when she could. We asked what the role of the ANM was during staffing crisis. Adams replied that patient care was a priority and all managers are to help.

OPEN FORUMS

Again Adams was disappointed with the attendance. The nurses who did attend were vocal and there was a good dialogue. She will hold them again in a few months. If anyone has any issues, please do not hesitate to call her office to set up an appointment. Adams did report on the RN to RN skin assessment. It has been 6 weeks on 11 East without a pressure ulcer not Hospital acquired. Adam wants nurses to continue and not take short cuts.

SHADOWING ON 11 EAST

Adams shadowed on 11 East. She said it was humbling and gave her a good perspective. She also wants to shadow Patient Care Technicians. There would be different interactions. The off shifts voice more concerns. NOTE: Adams shadowed with Melissa DeJoseph who reported all went fairly well. She gave her opinion of issues on 11 East, but wanted Adams to meet with all the staff to get everyone's perspective.

SCANNING

M. Consoli brought forward issues raised with the operation of the scanning device. At a recent meeting many nurses stated there is some difficulty with the scanners. The issue rose regarding discipline for failure to scan. K. Sommerer said he is not aware of any discipline issued and he would be involved with any situations. All should continue to use equipment and notify management if devices are not operating. Also, fill out the necessary forms.

GLUCOSE MACHINE

J. Stauffer presented the current Point-of-Care Testing Policy to managers. All ICU staff was giving this policy as a read and sign assignment. The policy states that only BSN RNs can use the current blood glucose meters according to Centers for Medicare and Medicaid Services directive. Nursing management present was not aware of this policy. S. Adams will follow up.

ICU STAFFING

The staffing for ICU is short again. They have to double up on Open Heart patients which have a requirement of 1:1 for the first 24 hours. Dr. Passik has verbalized many times that he is not happy when his fresh cardiac patients are paired with another patient. J. Stauffer said that the staffing office uses "heads and beds". It is the grid. Nursing managers did say that the staffing office does not understand "critical" and RN should call the house manager. The real issue is there is no trained RNs. M. Consoli questioned the granting of an ICU position to a newer float nurse, as opposed to RNs in the Step Down? Managers said the position was granted based on experience and training. A discussion ensued regarding the ongoing training and orientation of staff who took the Critical Care Course. Rather than down staff, these nurses should be going to ICU for training. A process needs to be put into place to allow this to happen and to stop the short staffing cycle.

TRAINING FOR EBOLA

The level of training for the Hazard Team was raised because the current trainer has not been certified to train. Roger Woods, who is the expert in this area, certified all previous trainers. The current facility built for all hazards is not being used for training. Has Facilities been included? Questions were asked about how they would support a quarantined employee. Management will follow up. NOTE: On April 26, 2016, Roger was called by members of the Hazard Team to go to the emergency facility because a trainer was not present for the class.

CERNER TECHNOLOGY TEAM

M. Consoli asked about the selection of the Cerner team. M. Burnett stated that they asked for volunteers. CERNER and IT department would build the program with RN input. They wanted RNs familiar with the current system to know what works and what did not.

POLICY REVISION

Hospital stated they are reviewing and revising the attendance policy for mandatory certifications required for each floor. For example, ACLS, PALS, TRAUMA, etc. These certifications must be maintained for the RN to continue to work.

NOTE: RNs must make every effort to sign up and attend classes. Not enough classes scheduled? Notify manager and send email to Union Office aft5047unit47@gmail.com.

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Recognizing Nurses all Year Long Sharing Nurses' Experiences

HAPPENS TO THE BEST OF US.....

By Linda Najam, RRT

In October of 2015, I had a direct exposure to blood and body fluids, the first time in 46 years of nursing. I debated in my mind for about 1 minute whether I should report it and go to the ED. My decision was –yes—the patient was an addict and being treated for liver disease.

They followed up immediately with blood work on me and the patient. The patient was asked and he graciously gave consent, even though he did not know I had been exposed. Luckily, the patient was negative for HIV and hepatitis B, BUT positive for Hepatitis C. The patient was quite surprised at this as he was not aware.

I had to have a series of blood draws to check, first, immediately; second in 6 weeks and third in 6 months. Very fortunately, I have just completed that and all three were negative. I do not know how the patient made out, shortly after the exposure he was discharged. Today we do have excellent treatment for Hepatitis C.

When the PA in the ED ordered my blood work, he also decided to order a Hepatitis B titer. I had the series of 3 Hep B Vaccines in the early 90's. My titer was extremely low and no longer effective.

I have just completed the third Hepatitis B Vaccine. This was the second time in my career to receive this series.

THE TAKE HOME MESSAGE?

Be extra careful with all needles---including IV catheters. If you use a Nexiva Catheter and do not slide it in to the vein, CLICK IT BACK, so it is safe. AND.... If it is more than 10 or 15 years since your Hep B vaccines, ask your PCP to draw a titer when you have a physical. Employee health will give you the vaccine again, free of cost, as it is a requirement for your employment; They will not tell you to get it checked but I WILL!!!

Happy Nurses' Week Happy Mother's Day

A CHAMPION NURSE AND QUILTER



Pictured above with her award winning quilt is Dean Fowler, 9 Tower, who won second place in hand quilting for her hand sewn and hand pieced comforter, at the September 2015 Big E. It took 10 months to make. Congratulations Dean.

Call for 2017 Negotiating Team

The Executive Committee is accepting requests to be considered for the 2017 Negotiating Team. You must be a member in good standing, and have participated in Unit 47 activities. The team commitment starts now with developing a survey, preparing contract proposals and lasts for the life of the negotiated contract. The team is representational of shifts and floors. If you want to apply, submit in writing a request to the Union Office via email to aft5047unit47@gmail.com., subject Negotiating Team. Thank you.

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"Where the Front Line Meets the Bottom Line"

MY PIC SEMINAR EXPERIENCE By Janice Stauffer, ICU

WOW! Our union is awesome.

Did you know that AFT is the second largest union in the nation with 1.6 million members? AFT began 100 years ago as a teachers union and in 1979, nurses joined to make this an education and healthcare union.

This April, I was fortunate enough to attend the professional issues conference in Washington D.C. I learned so much about the corporate greed of the CEOs in this country. One of the seminars that I attended revolved around the hedge fund attack on American health care. We discussed the tragic 5000% cost increase of an effective AIDS medication owned by 32 year old Martin Shkreli. He acquired the drug rights to Daraprim (AIDS medication) and increased the price from \$13.50 per pill to \$750 per pill. When asked if he had any regrets, Shkreli responded, "only that I didn't charge more per pill."

Firms are acquiring medications with "significant activity from hedge fund, private equity, or venture capital firms." 80% of the medications with the fastest rising prices were involved in hedge fund takeovers.

The billionaire, Bill Ackman, runs Pershing Square, a hedge fund. The company, Valeant, is a drug manufacturing company. The price increases of medications for the millions of American's is corporate greed and totally unfair. "Given that branded drugs are essentially a license to print money, it appears that Valeant has been pumping up the prices of these medications to finance the Allergan takeover attempt – and/or to ensure big profits for billionaire hedge fund manager, Ackman" (Hedge Papers, 22).

If a medication is branded, and no generic exists, the producer is granted a monopoly on the sale of the drug. Individuals are forced to pay any price and greed increases the cost.

Please be aware that an organization exists called The Hedge Clippers. This group is working hard to expose this arena of the rich getting richer and the middle class getting poorer. For more information, please go to hedgeclippers.org and follow @GoHedgeClippers on Twitter.

This seminar was very insightful and helped me to begin to understand why pharmaceutical companies are increasing the cost of healthcare and may be influenced by hedge fund individuals. I want to thank AFT for this opportunity and look forward to making a difference in the future.



Pictured above with Unit 47 are members of the LPN Tech Local 5555Neva, and Matt, Mary Consoli, President Unit 47; Lauren Pade, OBV; Janice Stauffer, ICU; Mallory Patella, 8 T; Ole Hermansen, AFT Organizer, and Susan Hill, 9T

Professional Liability Trends

By Lauren Pade, OBV & Mallory Patella, 8T

The AFT Nurses and Health Professionals 2016 Conference offered numerous workshops to allow for individuals to gain insight into topics affecting the healthcare industry. Subject matters included the healthcare system of the future, community involvement, and financialization of prescription drugs, development of culturally competent outreach, joint bargaining, medical debt, and much more.

One in particular that caught our interest was regarding professional liability trends. We met with Health Care Risk Manager Jennifer Fynn of Ohio Nurses Association to gain insight on the topic. The workshop focused on license protection claims related to allegations against registered nurses with an emphasis on ensuring that the system reflects the needs of all those involved. Multiple real life case studies were reviewed in which nurses faced hefty lawsuits against them, some of which were rare situations while others involved situations crossed every day in health-care practice. This included not only the Hospital setting but outpatient centers, schools, assisted living facilities and Home care.

Research over the past 5 years has shown that nurses are involved as defendants in 88% of healthcare claims, with settlements averaging at \$164,000-\$200,000. Orthopedic and Surgical RN's are amongst the highest population of specialty nurses involved. There is a rise in claims in emergency departments, out-patient services and Home Health Care due to their recent increase in patient use. Negligence and failed documentation standards are the main culprit of these claims by the plaintiff.

There are less frequent occurrences of medication administration errors due to advances in technology. However, when they do occur, they are more costly in present day than ever before. This is due to jurors not being as sympathetic related to increased safety checks to prevent mistakes such as the ability to scan medication barcodes and acknowledging or bypass alerts prompted on computer screens. Therefore, these circumstances are driving up the costs of allegations.

Overall, it is imperative for healthcare professionals to be cognizant not only of professional liability trends within their scope of practice, but also to be aware of their own individual actions on the job. The following website allows for registered nurses to perform a self assessment check list and review claim tips: www.nso.com. This experience enhanced our knowledge and understanding of these healthcare topics in present day which will affect each and every one of us in a vast diverse group of healthcare providers.



SUPPORT THE GIRLS

By Susan Hill, 9 T

I recently had the wonderful opportunity of attending the PIC conference in Washington D.C. During one of the sessions we heard from an amazing woman named Dana Marlowe who founded a group she calls "Support the Girls" only 9 short months ago. She founded this group after speaking with homeless women and realizing their struggle to have the basic necessities we take for granted: a bra and feminine hygiene products. During this short period of time she has collected over 10,000 bras and 50,000 feminine hygiene products and has distributed them to homeless shelters in the Maryland and D.C. areas. I was truly moved by her program and thought what a great opportunity to help out women in our own area!

So save your new or gently used bras that you no longer use and spread the word to your family and friends. I will be organizing a collection in the next month. If anyone is interested in helping me out please contact me!

susanhillrn@sbcglobal.net

Thanks in advance for your "support" and look for flyers coming soon to stay "abreast" of any new information.

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Happy 35th AFT Anniversary Danbury Nurses' Union Unit 47

Web site launched, go to unit47.ct.aft.org Like us on Facebook

We are happy to remember our past and are excited about looking forward to our future. We have a new and improved website. You can like us on Facebook and our Constitutional Convention is meeting in May to re-

vamp our business structure.

We chose our anniversary date to officially launch our website and formally introduce our web master Danielle Paravati. Danielle is a new hire working in the Float Pool who answered our call for help in our January newsletter. Danielle has been able to bring us into the 21st Century with technology with the help from Matt O'Connor, the AFT Connecticut Director of Communications and Barbara Tobias, the AFT Director of Communications. We're grateful Danielle has shared her IT talents to ensure our message gets out to all our members and our community. Now our website is linked to our Facebook page. A big thank you

goes out to our trio of Facebook managers, Lauren Pade, Mallory Patella and Tiina Hawley. They monitor the input and responses to issues that are posted. Most of the articles, events and information

are linked back and forth from our Facebook page to our website. We appreciate the time and effort these Technology Team members have put in to keep all informed.

We need more volunteers to help with our Technology Team. We need to prepare for negotiations by updating our email list and want to put the newsletter online. This takes members willing to give a few hours

each month to make this happen.



Would you be willing to join Danielle, Lauren, Mallory and Tiina as part of our Technology Team? Send an email to aft5047unit47@gmail.com saying, "Yes I can help".



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Danbury Central Labor Council Workers Memorial Day Celeration

On April 28, 2016, Connecticut Union members gathered in Bushnell Park in Hartford at the Workers Memorial. This is a permanent stone structure, built to honor and remember those brothers and sisters who have died in the line of duty. Workers Memorial Day was initiated by the AFL-CIO after the collapse of the Connecticut L'Ambiance Plaza and the devastating loss of worker's lives. This year was dedicated to the Department of Labor workers who have been killed by distracted drivers. ConnectiCOSH has a campaign to stop texting while driving. Join in the campaign by pledging to enforce "No texting while driving".



Pictured above is John McCarthy, VP DCLC and Mary Consoli, Treasurer, DCLC.



Remember those who have fought to keep us free, and those who continue to serve all over the world.

Calendar of Events

LABOR MANAGEMENT

May 26, 2016 12:30 p.m. June 28, 20156 12:30 p.m. Personnel Office

VISITATION

May 17, 2016 10:00-am & 1:00 p.m. June 21, 2016 2:00 pm-5:00 pm Cafe' Conf Rm B.

DANBURY CENTRAL LABOR COUNCIL

Third Tuesday of each month 7:30 p.m.

Danbury Nurses Union Office
18 Great Plain Road
Danbury, CT

DANBURY RISING

Last Wednesday of each month 5:30 p.m. Danbury Nurses' Union Office 18 Great Plain Rd. Danbury, Ct.

AFTCT HEALTHCARE COUNCIL

Monday, May 23, 2016 5:00 PM Monday, June 27, 2016 AFT CT Office Rocky Hill, CT

AFTCT DELEGATE MEETING

July 21, 2016 5:00 p.m. AFTCT Office Rocky Hill, CT

Danbury Nurses' Union Unit #47 <u>Update 47</u>

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TOGETHER WE BUILD AND GROW



FOR ALL DUES MEMBERS June 2, 2016 **Thursday** MEMBERSHIP

8:00 a.m. 1:30 pm, 4:30 & (before or after work) 8:00 p.m.

REPORT OF CONSTITUTIONAL CONVENTION

NEGOTIATIONS OUTLINE

DANBURY RISING

OPEN AGENDA

UNIT47 EVENTS

aft5047unit47@gmail.com

Send an e-mail to

If any questions ???

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18 Great Plain Rd.

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